

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/01/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: open reduction, internal fixation of the left ulna with possible bone grafting as an outpatient

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Board Certified Orthopedic Surgeon

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. it is this reviewer's opinion that medical necessity for open reduction, internal fixation of the left ulna with possible bone grafting as an outpatient has not been established

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who was injured on xx/xx/xx when he sustained a low grade open fracture of the distal radius with a non-displaced fracture of the ulna. The patient underwent irrigation and debridement of the distal radius wounds with placement of a radial plate on the date of injury. The patient was being followed by post-operatively. Interval radiographs were reported to show some bridging callus formation of the distal radius fracture with good alignment. The 08/07/15 clinical record noted clear healing of the radius with potential healing of the ulna. The patient had some tenderness over the fracture site on physical examination and with angular stress at the fracture site. There was some angular movement suggesting a non-union. There were concerns that the patient had motion at seven weeks and the recommendation was to observe for an additional four to six weeks versus a revision open reduction and internal fixation with bone grafting. The proposed revision open reduction and internal fixation with bone grafting was denied on 08/19/15 as there was still an indication of completion of the healing process of the fracture site. The request was again denied on 08/27/15 as there was still evidence of healing of the ulna that would support continued conservative treatment and immobilization.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient is status post debridement of the fracture site of the distal radius with plate placement. The most recent evaluation from noted full healing of the radius with what appeared to be a healing ulna fracture site. The patient had some angular motion identified with physical examination. There was no clear radiographic evidence of a persistent non-union to meet guideline recommendations regarding a revision open reduction and internal fixation procedure. Therefore it is this reviewer's opinion that medical necessity for open reduction, internal fixation of the left ulna with possible bone grafting as an outpatient has not been established and the prior denials up

upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)